

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

08

15

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		345348.11
(b) Cash on Hand at Beginning of Reporting Period	235579.49	
(c) Total Receipts (from Line 19)	6940.72	234878.34
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	242520.21	580226.45
7. Total Disbursements (from Line 31)	12112.50	349818.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	230407.71	230407.71
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6148.72	201090.18
(ii) Unitemized	792.00	27788.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6940.72	228878.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6940.72	234878.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6940.72	234878.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6940.72	234878.34

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	3909.30	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	3909.30	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	327400.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	612.50	18509.44	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12112.50	349818.74	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12112.50	349818.74	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6940.72	234878.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6940.72	234878.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3909.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	3909.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Lisa G. Hawker

Mailing Address 2334 Sunflower Court

City

Perrysburg

State

OH

Zip Code

43551-5731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hylant Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 1

Transaction ID: 33545456

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Eric O. Leavitt

Mailing Address 2435 W. Sunnyvale Cir.

City

Cedar City

State

UT

Zip Code

84720-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 1

Transaction ID: 33568118

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Dan R. Francis

Mailing Address 389 Manwelle Avenue

City

Woodside

State

CA

Zip Code

94062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edgewood Partners Insurance
Center (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 33605459

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Shelbi Nicholson

Mailing Address 19201 226th Ave NE

City

Woodinville

State

WA

Zip Code

98077-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Specialty Underw-
riters, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 33605519

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Austin Madison

Mailing Address 5529 Kendall Drive

City

Nashville

State

TN

Zip Code

37209-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crichton Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 1 1

Transaction ID: 33608797

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Mitchell C. Andrews

Mailing Address 28 Hidden Brook Dr

City

North Barrington

State

IL

Zip Code

60010-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plexus Groupe LLC (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 33621121

Amount of Each Receipt this Period

166.68

SUBTOTAL of Receipts This Page (optional)

916.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey E. Brogan

Mailing Address 5823 Sand Shell Court

City

Dallas

State

TX

Zip Code

75252-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plexus Groupe LLC, The

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 33621123

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Mr. Walter R. Fawcett, III

Mailing Address 310 Macalpin Court

City

Inverness

State

IL

Zip Code

60010-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 33621124

Amount of Each Receipt this Period

166.68

C.

Full Name (Last, First, Middle Initial)

Mr Geoff Isaac

Mailing Address 2715 Crabtree Lane

City

Northbrook

State

IL

Zip Code

60062-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plexus Groupe LLC (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 33621125

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

298.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William H. Lacey

Mailing Address 5321 Pebblebrook Dr

City

Dallas

State

TX

Zip Code

75229-5506

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.38

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 33621127

Amount of Each Receipt this Period

166.68

B.

Full Name (Last, First, Middle Initial)

Mr. Michael Mann

Mailing Address 364 Prospect Avenue

City

Glen Ellyn

State

IL

Zip Code

60137-4955

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plexus Groupe LLC (HQ),
The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 33621128

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 1

Transaction ID: 33621129

Amount of Each Receipt this Period

166.68

SUBTOTAL of Receipts This Page (optional)

433.36

TOTAL This Period (last page this line number only)

6148.72

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Citizens For Harkin	Transaction ID: 33541340 Date of Disbursement
Mailing Address P O Box 811	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 1 1</div> </div>
City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name Tom Harkin	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tim Scott For Congress	Transaction ID: 33541341 Date of Disbursement
Mailing Address 1405 Ashley River Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 1 1</div> </div>
City Charleston State SC Zip Code 29407	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. Timothy Scott	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: 33541348 Date of Disbursement
Mailing Address PO Box 581	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 1 1</div> </div>
City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Mr. Michael Rogers	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling	Transaction ID: 33541349 Date of Disbursement
Mailing Address PO Box 820504	<div> <div>07</div> <div>08</div> <div>2011</div> </div>
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Jeb Hensarling	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paul Ryan for Congress	Transaction ID: 33561118 Date of Disbursement
Mailing Address P.O. Box 2776	<div> <div>07</div> <div>15</div> <div>2011</div> </div>
City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Paul Ryan	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ken Calvert For Congress Committee	Transaction ID: 33561120 Date of Disbursement
Mailing Address PO Box 20123	<div> <div>07</div> <div>15</div> <div>2011</div> </div>
City Riverside State CA Zip Code 92516	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Ken Calvert	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Grimm For Congress

Mailing Address PO Box 270

City
Staten Island

State
NY

Zip Code
10310

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Grimm

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 33561123

Date of Disbursement

07 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael Grimm For Congress

Mailing Address PO Box 270

City
Staten Island

State
NY

Zip Code
10310

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Grimm

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 33561124

Date of Disbursement

07 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bob Corker For Senate 2012

Mailing Address 1910 21st Avenue South

City
Nashville

State
TN

Zip Code
37212

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Robert Corker

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: 33598258

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bennet For Colorado

Mailing Address PO Box 3078

City

Denver

State

CO

Zip Code

80201

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Michael Bennet

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2016

☒ Primary

☐ General

☐ Other (specify) ▼

State: CO

District:

Transaction ID: 33598259

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Louise Slaughter Re-Election Committee

Mailing Address P.O. Box 730

City

Honeoye

State

NY

Zip Code

14471

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Louise McIntosh Slaughter

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

State: NY

District: 28

Transaction ID: 33598260

Date of Disbursement

07 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

11500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wired For Change/Salsa Labs Inc.

Mailing Address 1700 Connecticut Avenue, NW
Suite 403

City Washington State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33566811

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Authorize.Net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33650418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

45.00

C.

Full Name (Last, First, Middle Initial)

First Data

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 33650419

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.50

SUBTOTAL of Disbursements This Page (optional)

477.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 33650420

Date of Disbursement

/ /

Amount of Each Disbursement this Period

135.00

SUBTOTAL of Disbursements This Page (optional)

135.00

TOTAL This Period (last page this line number only)

612.50